

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

-60-029282

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		Length of stay in 1b <u>1 hr.</u>		c. CITY OR TOWN <u>Nelson</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 mi. West of Nelson</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLAUDE OTIS POINTER</u>				4. DATE OF DEATH Month Day Year <u>July 12, 1960</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 29, 1895</u>		
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) <u>Chambers Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (City and state or country) <u>Chambers Mo</u>		
13a. FATHER'S NAME <u>Charles M. Pointer</u>				13b. MOTHER'S MAIDEN NAME <u>Belle Owens</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Olla Pointer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>499-09-8852</u>		17. INFORMANT <u>Mrs Claude O. Pointer Nelson, Mo R1</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Cardiac disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <u>1957</u> to <u>July 12-1960</u> and last saw him alive on <u>July 12-1960</u> Death occurred at <u>11:15</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>C. L. Lawless M. D.</u> (Degree or title)				22b. ADDRESS <u>Marshall Mo</u>		22c. DATE SIGNED <u>7-13-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-14-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Garden</u>		23d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>		
24. FUNERAL DIRECTOR <u>Harry Hershberger</u> ADDRESS <u>Marshall Mo</u>				25. DATE RECD. BY LOCAL REG. <u>7-13-60</u>		26. REGISTRAR'S SIGNATURE <u>Carl L. Read</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry Hershberger

Licensed Embalmer No. 435

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.